

# Action Plan

**This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.**

<b>Action Plan ID:</b>	MON-0017642-AP
<b>Provider's response to Inspection Report No:</b>	MON-0017642
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	28 June 2016
<b>Date of response:</b>	12 August 2016

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 5: Planning for Children and Young People</b> <b>Judgment: Requires improvement</b>
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**The Provider is failing to comply with a regulatory requirement in the following respect:**

All necessary information about young people was not provided to the centre by social workers in a timely manner.

Written copies of children's care plans were not forwarded to parents or children.

Care plans were not updated in a timely way following statutory child in care reviews.

Copies of decisions made at review meetings were not routinely forwarded to all relevant people as required.

There was no evidence of social workers reviewing records relating to children.

**Action Required:**

Under Standard 5: Planning for Children and Young People you are required to

ensure that:

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

**Please state the actions you have taken or are planning to take:**

There is a new internal system in place to ensure timely receipt of information from the Social Work department. Where there is a delay the request will be escalated through line Management structure, clear time lines have been set down to ensure this happens efficiently. After three attempts by the Social care worker the Social care manager will contact the Social Work Team leader. Failing three further attempts by the SCM the Alternative care manager will contact the Principal Social Worker. In the event that there is no response at PSW level the Regional manager will raise the issue with the Area Manager.

**Proposed timescale:**  
**12/08/2016**

**Person responsible:**  
**Regional Manager**

**Theme 2: Safe & Effective Care**  
**Standard 6: Care of Young People**  
**Judgment: Requires improvement**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

The procedure for management of behaviours that challenged was unclear.

There was no written guidance with respect to the use of community meetings.

Children's behaviour management plans were not up-to-date and did not appropriately reflect decisions relating to intervention strategies or approaches.

Children's management plans did not reference the use of restraint and it was unclear if parents had been informed that restraint was an intervention option.

**Action Required:**

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

**Please state the actions you have taken or are planning to take:**

1. A review of the Therapeutic Model of Care will form part of the review of the piloting of that model of care, which will include behaviours that challenge; is scheduled to take place by October 31st 2016.

2. SCM will liaise with our consultant psychotherapist to draw up clear guidance with respect to Community Meetings.
3. ICMPs will also be routinely reviewed at every staff meeting or more frequently as required.
4. All ICMPs will be updated to reflect if physical interventions are deemed appropriate. Parents will be informed of decision reached.

**Proposed timescale:**  
**13/11/2016**

**Person responsible:**  
**Alternative Care Manager**

**Theme 2: Safe & Effective Care**  
**Standard 10: Premises and Safety**  
**Judgment: Requires improvement**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

Records of repairs to the centre did not detail all relevant information as required.

Monitoring by the external line manager did not adequately ensure standards and safety were maintained. Control measures which had been identified to mitigate against risks had not been implemented as required.

A number of actions required to ensure that the structural and decorative order of the unit was maintained had been identified more than 12 months prior to inspection but had yet to be completed.

The storage and administration of medication was not effectively recorded or monitored.

Staff and young people did not participate in regular fire drills. Fire drills were not properly recorded.

There was no policy in place relating to the use of CCTV.

Signage advising people of the use of CCTV was not on display.

**Action Required:**

Under Standard 10: Premises and Safety you are required to ensure that:  
The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

**Please state the actions you have taken or are planning to take:**

1. The Maintenance Book will be used to record all maintenance issues and details of work carried out. The specific "Log Number" for each job will be recorded in this

book. A folder will be kept of all email correspondence in relation to Maintenance.

2. There is a Programme of Works in place for Capital Works. We will continue to liaise with Maintenance department for other minor issues. External Line Manager ACM will ensure prompt completion of capital works when funding becomes available.

3. There is a Programme of Works in place for Capital Works. We will continue to liaise with Maintenance department for other minor maintenance requirements. The Centre also has a Maintenance person assigned to the centre.

4. Medication Training is due to be rolled out in October. Only prescribed medication will be held in medicine cabinet. A check of this will be incorporated into the Health and Safety Audit (monthly). This check will be completed by the Health and Safety officer in the centre and overseen by the centre manager.

5. There were 3 fire drills conducted since June 2015. Two of the drills were recorded in the wrong section of the fire log so it was not clear who was included. A Fire Drill will be conducted to include all YP and staff on duty and will be recorded correctly.

6. Policy is currently being developed. In the interim staff will be made clear that the centre manager and the ACM will have access to CCTV recordings as necessary. There will also be a clarification regarding the purpose of CCTV at the centre.

7. Signage will be sourced and displayed.

**Proposed timescale:**  
**31/10/2016**

**Person responsible:**  
**Regional Manager**

### **Theme 3: Health & Development**

#### **Standard 8: Education**

#### **Judgment: Requires improvement**

#### **The Provider is failing to comply with a regulatory requirement in the following respect:**

Supports and planning for children who were not attending education required improvement.

#### **Action Required:**

Under Standard 8: Education you are required to ensure that:

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

#### **Please state the actions you have taken or are planning to take:**

1. When Children are out of education the Keyworker and centre manager will work with the social worker to ensure that there is a clear plan for return to school. This plan will be updated and reviewed monthly by Keyworker to keep a clear record of interventions used by all involved to improve and effect change on any deficit regarding school attendance. Centre will liaise with Education Coordinator for additional support

**Proposed timescale:**  
**31/08/2016**

**Person responsible:**  
**Centre Manager**

**Theme 3: Health & Development**  
**Standard 9: Health**  
**Judgment: Requires improvement**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

Care records did not contain a clear and complete record of all medical and health information from birth.

Plans or incentives for children to stop smoking were not in place.

**Action Required:**

Under Standard 9: Health you are required to ensure that:

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

**Please state the actions you have taken or are planning to take:**

1. There is a new system in place to obtain information from S/W department and to ensure there is a clear structure to ensure this happens in a timely manner, as described above.

2. All staff will complete the "Smoking Cessation" course. Key workers will be facilitated to complete the additional training course which is specifically aimed at encouraging smoking cessation for teenagers. Plans will be developed for any YP who smoke following completion of training.

**Proposed timescale:**  
**02/10/2016**

**Person responsible:**  
**Centre Manager**

**Theme 4: Leadership, Governance & Management**  
**Standard 1: Purpose and Function**  
**Judgment: Requires improvement**

**The Provider is failing to comply with a regulatory requirement in the following respect:**

The centres statement of purpose and function did not clearly specify the population it catered for.

The statement was not available in a form that was accessible to children.

**Action Required:**

Under Standard 1: Purpose and Function you are required to ensure that:  
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

**Please state the actions you have taken or are planning to take:**

1. Statement of Purpose and Function will be amended.
2. Specific Statement of Purpose and Function will be developed to be more "child friendly".

**Proposed timescale:**  
**30/09/2016**

**Person responsible:**  
**Alternative Care Manager**

**Theme 4: Leadership, Governance & Management****Standard 2: Management and Staffing****Judgment: Requires improvement****The Provider is failing to comply with a regulatory requirement in the following respect:**

The centre did not have suitable, up-to-date operational policies in place as required.

Decisions from SERG were not always recorded or implemented.

Not all staff members received regular formal supervision.

Not all staff members received training as required.

Not all risks had been identified on the risk register and there were no time frames for the implementation of additional control measures.

Follow through on actions to address issues identified through management systems and quality assurance mechanisms required improvement including a clear system to address on-going or reoccurring issues.

**Action Required:**

Under Standard 2: Management and Staffing you are required to ensure that:  
The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

**Please state the actions you have taken or are planning to take:**

1. Regional Policies have been drafted and we are awaiting further update from the National Office regarding implementation of these policies. In the interim we will use current policies in place with oversight/input from senior management.
2. The SERG process has been reviewed. The process includes 3 tiers- Centre SERG;

Area SERG; Regional SERG. Terms of Reference have been updated and there are clearer processes for recording and implementation and also for escalation to Regional and/or National level.

The aim of the Centre SERG is to review SENs for learning opportunities and clear and accurate recording of information. It is also to highlight issues/behaviours that may require to be discussed at Area level SERG and perhaps further on to Regional level. There is now a "Centre Record of Review" attached to all SENs which records recommendations; feedback and follow up action-and also the date the feedback was discussed with team and documents eg.ICMP which require updating.

As part of the monthly Centre SERG Meeting the previous "Centre Record of Review" will be reviewed to ensure all actions required were taken; documents updated etc. The review form can then be signed off as complete by SCM.

Feedback from Centre, Area and Regional SERG will continue to form part of agenda for team meetings so feedback etc can be discussed with the team.

3. Formal Supervision arrangements that were deficit have now been put in place. There has been a supervisor identified and a schedule of supervision has been implemented.

4. Staff will be facilitated to attend training as required. There are First Aid Dates available for both refresher and full courses for September; October and November 2016. Staff will be facilitated to attend these. A full team training session will be prioritised in Manual Handling before the end of October 2016. Full team training in children first will be put in place by end November 2016..

5. Each Month the SCM will review with the team the risks the centre is managing at that time, it is envisaged that this will encourage thinking of the "Risk Register" as a 'live' and 'working' document and better inform the risk included in the register. The register will be amended immediately to include risk of "smoking in bedrooms".

6. There will be monthly scheduled meetings with all staff who hold "extra responsibilities" i.e. Keyworkers; Health and Safety officer; Fire officer. These will be scheduled and facilitated by SCM. Any issues arising from internal audits can be addressed and actions required can be closely monitored by SCM. Any issues which cannot be addressed within the agreed time frame can be escalated at that point by SCM.

**Proposed timescale:**  
**31/10/2016**

**Person responsible:**  
**Director of CRS, C&FA**

#### **Theme 4: Leadership, Governance & Management**

##### **Standard 3: Monitoring**

##### **Judgment: Requires improvement**

##### **The Provider is failing to comply with a regulatory requirement in the following respect:**

The arrangements for monitoring of the centre's compliance with child care regulations were inadequate.

**Action Required:**

Under Standard 3: Monitoring you are required to ensure that:  
The Health Service Executive , for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

**Please state the actions you have taken or are planning to take:**

1. Monitor will undertake a monitoring visit on 13th October 2016.

**Proposed timescale:**  
**13/10/2016**

**Person responsible:**  
**Director of QA, C&FA**